

## **Appendix E**



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**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD**  
**SAN DIEGO REGION**  
**SANITARY SEWER OVERFLOW REPORT FORM**

**ALL ITEMS ARE REQUIRED TO BE ADDRESSED**

1. This report is (check one) ☐ Preliminary ☒ Final ☐ Revised Final
  2. Sanitary Sewer Overflow Sequential Tracking Number: 045011
  3. Reported To: Fax - Brian Kelley  
(Enter Fax, Voice Mail, or Name of Regional Board Staff)
  4. Date Reported: 01 / 11 / 05 (MM/DD/YY)  
Time Reported: 09 : 30 (Military or 24 Hour Time)
  5. Reported By: John Burcham
  6. Phone: (760) 839 -6290
  7. Reporting Sewer Agency: City of Escondido
  8. Responsible Sewer Agency: City of Escondido
  9. Overflow Start: Date: 01 / 11 / 05 (MM/DD/YY)  
Time Reported: 09 : 30 (Military or 24 Hour Time)  
Overflow End: Date: 01 / 12 / 05 (MM/DD/YY)  
Time Reported: 17 : 00 (Military or 24 Hour Time)
  10. Estimated Overflow Flow Rate: 200 (Gallons Per Minute)
  11. Total Overflow Volume: 280,000 (Gallons)
  12. Overflow Volume Recovered: 0 (Gallons)
  13. Overflow Volume Released To Environment: 280,000 (Gallons)
- Sanitary Sewer Overflow Location and Description:**
14. Street and/or Address: 1521 S. Hale Ave.
  15. City: Escondido Zip Code: 92029
  16. County: SD (SD, RI, OR)

## 17. Sanitary Sewer Overflow Structure ID:

Treatment Plant Equalization Pond18. Number of overflows within 1,000 feet of this location in past 12 months: 019. Dates of overflows within 1,000 feet of this location in past 12 months: 0

## 20. Overflow Cause – Short Description – Check all that apply:

Roots <input type="checkbox"/>	Grease <input type="checkbox"/>	Line Break <input type="checkbox"/>	Infiltration <input checked="" type="checkbox"/>
Rocks <input type="checkbox"/>	Blockage <input type="checkbox"/>	Power Failure <input type="checkbox"/>	Pump Station Failure <input type="checkbox"/>
Debris <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Flood Damage <input checked="" type="checkbox"/>	Manhole Failure <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Unknown <input type="checkbox"/>	Flood Damage <input type="checkbox"/>	Private Property <input type="checkbox"/>

## 21. Overflow Cause – Detailed Description of Cause:

Increased plant influent flows from rain. All available storage use at this site. City of San Diego Pump Station 77 and San Elijo Treatment Plant. Pumping secondary effluent to creek to protect land and ocean outfall line and structures for catastrophic damage.

## 22. Sanitary Sewer Overflow Correction – Description of all preventative and corrective measures taken or planned:

Additional storage capacity is in planning stages for treatment plant. Looking at possible collection system problems.

23. Was there measurable precipitation during 72-hour period prior to the overflow? Y ☒ or N ☐Initial and Secondary Receiving Waters:24. Did the sanitary sewer overflow enter a storm drain? Y ☒ or N ☐25. Did the sanitary sewer overflow reach surface waters other than a storm drain? Y ☒ or N ☐26. Name or description of initial receiving waters. (If none, type none) Escondido Creek27. Name or description of secondary receiving waters. (If none, type none) San Elijo Lagoon/Pacific Ocean

28. If the sanitary sewer overflow did not reach surface waters, describe the final destination of sewage:

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**Notification:**

29. Was the local health services agency notified? Y ☒ or N ☐
30. If the overflow was over 1,000 gallons, was the Office of Emergency Services (OES) notified? Y ☐ or N ☐ or Not Applicable (N/A) ☐

**Affected Area Posting:**

31. Were signs posted to warn of contamination? Y ☒ or N ☐
32. Location of posting (if posted): Cardiff State Beach
33. How many days were the warning signs posted? \_\_\_\_\_
34. Remarks:  
Control # for OES is 05-02-89. Amount discharged is based on flow meters totals and the amount of flow unaccounted for.

**NOTES:**

- 1) For description and clarifications of all items on this form, refer to Order No. 96-04 as amended, including the document entitled, "Required Fields for Order No. 96-04 Quarterly Summary Report."
- 2) If the sanitary sewer overflow event results in a discharge of 1,000 gallons or more, or in a discharge to surface waters, this form must be received by the Regional Board no later than five (5) days after the overflow start date.

The following certification must be completed with the five (5) day notice:

I swear under penalty of perjury that the information submitted in this document is true and correct. I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this document and all attachment and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name: John Burcham

Signature: John Burcham

Title: Resource Recovery Plant Superintendent

Date: 01-13-05

